

Claims
1-100
Canceled

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 10/091061	FILING DATE					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT								
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
10 1	1		1				51						
10 2		1		1			52						
10 3		1		1			53						
10 4		1		1			54						
10 5		1		1			55						
10 6		1		1			56						
10 7		1		1			57						
10 8		1		1			58						
10 9		1		1			59						
10 10		1		1			60						
10 11	1		1				61						
10 12		1		1			62						
10 13				1			63						
10 14				1			64						
10 15				1			65						
10 16				1			66						
10 17			1				67						
10 18				1			68						
10 19				1			69						
10 20				1			70						
10 21				1			71						
10 22				1			72						
10 23				1			73						
10 24				1			74						
10 25				1			75						
10 26			1				76						
10 27				1			77						
10 28				1			78						
10 29				1			79						
10 30				1			80						
10 31				1			81						
10 32				1			82						
10 33				1			83						
10 34				1			84						
10 35				1			85						
10 36				1			86						
10 37				1			87						
10 38				1			88						
10 39				1			89						
10 40				1			90						
10 41				1			91						
10 42				1			92						
10 43				1			93						
10 44				1			94						
10 45				1			95						
10 46				1			96						
10 47				1			97						
10 48				1			98						
10 49				1			99						
10 50				1			100						
TOTAL IND.	2		4				TOTAL IND.						
TOTAL DEP.	10		26				TOTAL DEP.						
TOTAL CLAIMS	12		30				TOTAL CLAIMS						

PTO-1360 (2-78)

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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